

INFORMATION REQUEST

Please complete this form immediately and return it in the postage-paid envelope enclosed. **See reverse side for mailing address.**



Clearly print your information.

Name (First) _____ (Middle Initial) _____ (Last) _____

Street Address _____

City _____ State _____ Zip Code _____ Check here if new or updated address ☐

Alliance Account Number (located on your Confirmation) _____ Date of Birth _____

E-mail Address _____ (Required for web access) Daytime Phone _____ Evening Phone _____

Beneficiary Designation: *If there is a balance remaining in your Alliance Account at the time of your death, it will be paid, as you indicate below, to either your estate or the beneficiary(ies), you designate.*

Check one.

☐ Pay the beneficiary(ies) listed below. ☐ Pay my estate. If choosing to pay my estate, no other beneficiary can be selected.

If you do not designate any beneficiaries, or if all beneficiaries predecease you, any balance remaining will be paid to your estate. NOTE: If the Alliance Account is owned by a Trust or Estate, a beneficiary cannot be named for the account. Successor Trustees must be named in the Trust Agreement. Estates must have proof of legal successorship.

Primary Beneficiary

1.	Name	Address	E-mail Address	%
	Relationship	Date of Birth	Social Security Number	Phone number
				% of Proceed
2.	Name	Address	E-mail Address	%
	Relationship	Date of Birth	Social Security Number	Phone number
				% of Proceed

To add additional beneficiaries, please add a separate sheet.

TOTAL 100%

Secondary Beneficiary

A secondary beneficiary would be paid only if all primary beneficiaries predecease you.

1.	Name	Address	E-mail Address	%
	Relationship	Date of Birth	Social Security Number	Phone number
				% of Proceed
2.	Name	Address	E-mail Address	%
	Relationship	Date of Birth	Social Security Number	Phone number
				% of Proceed

Please sign here as you will be signing your Alliance Account drafts.

Signature _____ Date _____

(Please see reverse for additional information.)

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.



Tax Identification Number/W9 Certification

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or that the IRS has notified me that I am no longer subject to backup withholding. I understand that if I don't complete, sign and return this certification you will backup withhold federal income tax. (3) I am a U.S. person (including U.S. resident alien). (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. If you are not a U.S. person (including U.S. resident alien), you must cross out Item 3 above and submit a completed IRS Form W-8.

You may be subject to IRS penalties, including fines and imprisonment, if you fail to provide your correct Taxpayer Identification Number, fail to report taxable interest or dividends on your tax return, or give false tax information. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Social Security Number or Taxpayer Identification Number_____

Exemption from FATCA reporting code (if any)_____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature_____ Date_____

Please sign here as you will be signing your Alliance Account drafts.

Please complete this form as soon as possible and return it in the enclosed postage-paid envelope to:

Prudential Alliance Account Services
The Prudential Insurance Company of America
PO Box 535486, Pittsburgh, PA 15253

For Customer Service call 1-877-255-4262 (1-877-ALLIANCE) TDD - 1-800-421-1220.